

CLAIMS ONLY

Application Number

10 653 784

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
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37		/					87					
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39		/					89					
40	/						90					
41		/					91					
42	/						92					
43		/					93					
44	/						94					
45		/					95					
46	/						96					
47		/					97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					